



PRIMARY CARE
WOMEN'S HEALTH FORUM

THIS RESOURCE IS INTENDED FOR UK HEALTHCARE PROFESSIONALS ONLY

10 TOP TIPS

for Managing Premature Ovarian Insufficiency in Primary Care

WORDS BY DR SILVIA MOENS-LECUMBERRI, GP,
RICHMOND MEDICAL GROUP.

This resource has been produced on behalf of the PCWHF. Remember that this is guidance and to please use your clinical judgement on a case-by-case basis.

10 Top Tips for Managing Premature Ovarian Insufficiency in Primary Care

1.

Causes of POI:

- Genetic.
- Autoimmune ovarian damage.
- Infections.
- Iatrogenic.

2.

When to suspect:

- If there has been a case of oligo/amenorrhoea for at least four months in women not using hormones.
- If the patient is experiencing peri-menopausal symptoms e.g. vasomotor symptoms, insomnia, joint pain, labile mood, low energy, low libido, impaired memory and concentration.
- Family history of POI/early menopause or other risk factors.

3.

Criteria:

- Is the patient **under 40 years** of age?
- Has the patient had **absent/infrequent periods** of more than four months and **elevated FSH** on at least two occasions (4–6 weeks apart)?

4.

Factors affecting delayed diagnosis:

- Women can be asymptomatic.
- More than 50% of women see over three clinicians before diagnosis.
- Ovarian function may fluctuate, affecting bloods and symptoms.

5.

If diagnosis is confirmed or you strongly suspect POI:

- **Refer** to gynaecology/menopause/fertility services as gold standard is for an MDT approach.
- **Signpost** to POI peer support group, **the Daisy Network**.

6.

HRT is recommended until **at least the average age of menopause** to treat symptoms and as primary prevention of cardiovascular disease (CVD) and osteoporosis.

7.

The **combined oral contraceptive pill (COCP)** may be **more acceptable and familiar to younger women** but does require a risk assessment for use as per FSRH UKMEC.

8.

Once the patient is on established hormone therapy, they should have an **annual review**. Set up **reminders to proactively follow women up** to improve compliance.

9.

Risks can include **cardiac conditions** including ischaemic heart disease and overall cardiovascular mortality and **osteoporosis** (incidence 8–14%).

10.

Proactively ask about **genitourinary symptoms of the menopause (GSM)** and treat with topical treatments including vaginal lubricants, moisturisers and oestrogens.

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